



Supplemental Application Data Sheet

Application Information

Application Number:: 10/751,702
Filing Date:: 01/05/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: yes

Computer Readable Form (CRF)?:: no

Number of copies of CRF::

Title:: A POLYPEPTIDE COMPRISING THE AMINO ACID OF AN N-TERMINAL CHOLINE BINDING PROTEIN A TRUNCATE, VACCINE DERIVED THEREFROM AND USES THEREOF

Attorney Docket Number:: 044158/273011

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Elaine I.
Family Name:: Tuomanen
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: TN
Country of Residence:: US
Street of mailing address:: 9600 Dove Meadow Cove W.
City of mailing address:: Germantown
State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Theresa M.
Family Name:: Wizemann
Name Suffix::
City of Residence:: North Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 9 Peach Leaf Court
City of mailing address:: North Potomac
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: H. Robert
Family Name:: Masure
Name Suffix::
City of Residence:: Germantown Leawood
State or Province of Residence:: TN-KS
Country of Residence:: US
Street of mailing address:: 9600 Dove Meadow Cove W. 12214 Sagamore Rd
City of mailing address:: Germantown Leawood
State or Province of mailing address:: TN-KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38139 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Leslie S.
Family Name:: Johnson
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 20147 Laurel Hill Way
City of mailing address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Family Name:: Koenig
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 10901 Ralston Road
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852

Correspondence Information

Correspondence Customer Number:: 29312

Representative Information

Representative Customer Number:: 29312

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/056,019	04/07/98

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: St. Jude Children's Research Hospital
Street of mailing address:: 332 North Lauderdale Street
City of mailing address:: Memphis
State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38105-2794

Assignee name:: Medimmune, Inc.
Street of mailing address:: ~~35 West Watkins Mill Road One MedImmune Way~~
City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20878

(If there is more than one assignee, repeat information for each one.)